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Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**EXTENSION  
ATTACHED 2011**

OMB No. 1545-1150

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury  
Internal Revenue Service

**Open to Public  
Inspection**

**A** For the 2011 calendar year, or tax year beginning 7/01, 2011, and ending 6/30, 2012

**B** Check if applicable: **C**

<input type="checkbox"/> Address change	<b>MY TIME, INC. 1312 E 84TH STREET BROOKLYN, NY 11236</b>	<b>D</b> Employer identification number	<b>68-0646329</b>
<input type="checkbox"/> Name change		<b>E</b> Telephone number	<b>718-251-0527</b>
<input type="checkbox"/> Initial return		<b>F</b> Group Exemption Number	
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ WWW.MYTIMEINC.ORG

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Tax-exempt status (ck only one) --  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

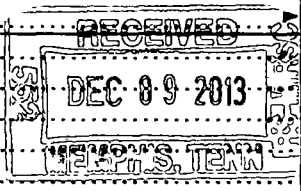
**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ..... ▶ \$ 131,596.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)**

Check if the organization used Schedule O to respond to any question in this Part I.

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	4,056.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	127,540.
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>		
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	131,596.	
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	66,571.
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	5,559.
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	8,708.
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O) SEE SCHEDULE O	<b>16</b>	54,998.
	<b>17</b> Total expenses. Add lines 10 through 16	<b>17</b>	135,836.
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-4,240.	
<b>ASSETS</b>	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	20,451.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	16,211.



11/27/13 10:05 AM

16 P

**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	6,790. 22	14,092.
23 Land and buildings		23
24 Other assets (describe in Schedule O) SEE SCHEDULE O	33,899. 24	14,300.
25 Total assets	40,689. 25	28,392.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	20,238. 26	12,181.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	20,451. 27	16,211.

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? SEE SCHEDULE O

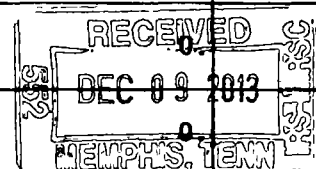
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
28 INFORMATION/TRAINING	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 90,065.
29	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32 90,065.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LUCINA CLARKE 1312 E. 84TH STREET BROOKLYN, NY 11236	EXECUTIVE DIRECTOR 20	37,350.	0.	0.
MARIELLE SCHANK 1312 E. 84TH STREET BROOKLYN, NY 11236	CHAIRMAN 1	0.	0.	0.
SHARON MORRISON 1312 E. 84TH STREET BROOKLYN, NY 11236	TREASURER 1	0.	0.	0.
KIRSTEEN SOTILLO 1312 E. 84TH STREET BROOKLYN, NY 11236	SECRETARY 1	0.	0.	0.
DR. PEARLITA YOUNG 1312 E. 84TH STREET BROOKLYN, NY 11236	MEMBER 1	0.	0.	0.
GWENDOLYN MCPHERSON 1312 E. 84TH STREET BROOKLYN, NY 11236	MEMBER 1	0.	0.	0.
WINSTON FEARON 1312 E. 84TH STREET BROOKLYN, NY 11236	MEMBER 1	0.	0.	0.
MICHELLE SCHANK 1312 E. 84TH STREET BROOKLYN, NY 11236	MEMBER 1	0.	0.	0.



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHEDULE O the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. [X]

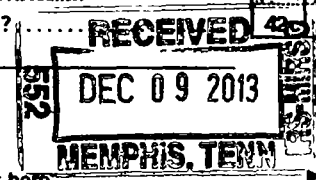
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O. 34 Were any significant changes made to the organizing or governing documents? 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities... 35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? 35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice... 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911, section 4912, section 4955. 40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? 40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 41 List the states with which a copy of this return is filed.

42a The organization's books are in care of LUCINA CLARKE Telephone no. 718-251-0527 Located at 1312 EAST 84TH STREET BROOKLYN NY ZIP + 4 11236

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:



43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year.

44a Did the organization maintain any donor advised funds during the year? 44b Did the organization operate one or more hospital facilities during the year? 44c Did the organization receive any payments for indoor tanning services during the year? 44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? 45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. Yes No  
46

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. Yes No  
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If 'Yes,' was the related organization a section 527 organization? 49b

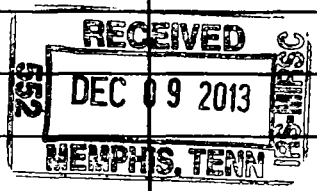
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

e Total number of other employees paid over \$100,000. ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		



e Total number of other independent contractors each receiving over \$100,000. ▶

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: Lucina Clarke Date: 7/15/13  
 Type or print name and title: LUCINA CLARKE EXECUTIVE DIREC

**Paid Preparer Use Only**  
 Print/Type preparer's name: JAN PASTERNAK Preparer's signature: [Signature] Date: 7/9/13 Check  if self-employed PTIN: P00121717  
 Firm's name: PASTERNAK & COMPANY LLP  
 Firm's address: 10 CUTTER MILL ROAD, SUITE 204 GREAT NECK, NY 11021 Firm's EIN: 13-2604541 Phone no.: (516) 829-6767

May the IRS discuss this return with the preparer shown above? See instructions. ▶  Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization: **MY TIME, INC.** Employer identification number: **68-0646329**

**Part I Reason for Public Charity Status (All organizations must complete this part.)** See instructions.

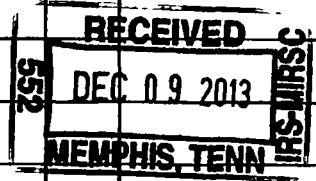
The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?.....	11 g (i)	
(ii) A family member of a person described in (i) above?.....	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?.....	11 g (iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									



BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

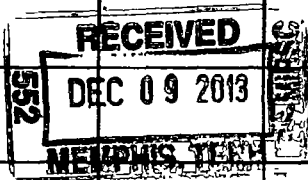
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	5,158.	59,109.	43,855.	139,285.	131,596.	379,003.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	5,158.	59,109.	43,855.	139,285.	131,596.	379,003.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						379,003.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4.	5,158.	59,109.	43,855.	139,285.	131,596.	379,003.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						379,003.
12 Gross receipts from related activities, etc (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						



**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)).	14	100.00 %
15 Public support percentage from 2010 Schedule A, Part II, line 14.	15	0.00 %
16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

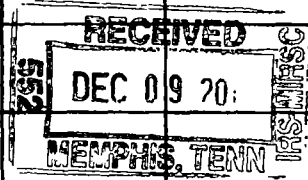
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						



14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15.	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2011. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests – 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 25, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization: **MY TIME, INC.** Employer identification number: **68-0646329**

**Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

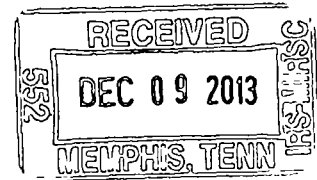
2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. ▶ \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	(1) LUCINA CLARKE	X				13,400.	6,546.		X	X
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total				▶ \$	6,546.					

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

Open to Public  
Inspection

Name of the organization

Employer identification number

**MY TIME, INC.**

**68-0646329**

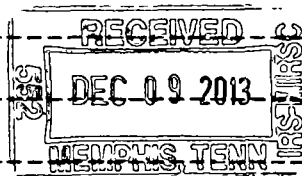
**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

**TO SUPPORT, EMPOWER, EDUCATE, ENLIGHTEN AND UPLIFT PARENTS OF A CHILD DIAGNOSED  
WITH AUTISM AND DEVELOPMENTAL DISABILITIES TO LIVE A QUALITY OF LIFE THEY DESERVE  
IN THE COMMUNITY.**

**FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

**(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO**

**(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO**



If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box.

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. <b>MY TIME, INC.</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>68-0646329</b>
	Number, street, and room or suite number. If a P.O. box, see instructions. <b>PASTERNAK &amp; COMPANY LLP 10 CUTTER MILL ROAD, SUITE 204</b>	
File by the extended due date for filing the return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>GREAT NECK, NY 11021</b>	

Enter the Return code for the return that this application is for (file a separate ...)

Application Is For	Return Code	App Is For
Form 990	01	<input checked="" type="checkbox"/>
Form 990-BL	02	Form
Form 990-EZ	01	Form
Form 990-PF	04	Form
Form 990-T (section 401(a) or 408(a) trust)	05	Form
Form 990-T (trust other than above)	06	Form

STOP! Do not complete Part II if you were not already granted an automatic 3-

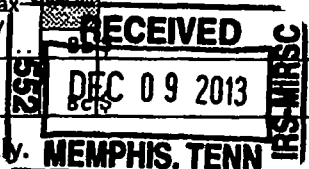
The books are in care of LUCINA CLARKE

Telephone No. 718-251-0527 FAX No.

- If the organization does not have an office or place of business in the United States, check this box .
- If this is for a Group Return, enter the organization's four digit Group Exempti whole group, check this box . If it is for part of the group, check this bo members the extension is for.

- 4 I request an additional 3-month extension of time until 5/15, 20 13.
- 5 For calendar year , or other tax year beginning 7/01, 20 11, and ending 6/30, 20 12.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension .. TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$ <u></u>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<u></u>
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<u></u>



Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature J. Pasternak Title COPY Date 2/15/13

BAA FIF20502L 07/25/11 Form 8868 (Rev 1-2012)

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

✓ If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.  **X**

● If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>MY TIME, INC.</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>68-0646329</b>
	Number, street, and room or suite number. If a P.O. box, see instructions. <b>1312 E 84TH STREET</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BROOKLYN, NY 11236</b>	

Enter the Return code for the return that this application is for (file a separate application for each return).  **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ▶ LUCINA CLARKE

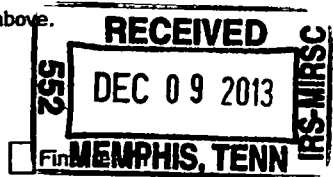
Telephone No. ▶ 718-251-0527 FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. . If it is for part of the group, check this box ...  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 13, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ▶  calendar year 20 \_\_\_\_ or
- ▶  tax year beginning 7/01, 20 11, and ending 6/30, 20 12.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Change in accounting period



3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

MY TIME, INC.

68-0646329

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type Fee Instructions

- Article 7-A Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
- EPTL Calculate the EPTL filing fee using the table in part b below. the Article 7-A filing fee is \$0.
- Dual Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

\* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments -- Document Attachment Check-List

Check the boxes for the documents you are attaching.

**For All Filers**

Filing Fee

Single check or money order payable to 'NYS Department of Law'

Copies of Internal Revenue Service Forms

<input type="checkbox"/> IRS Form 990	<input checked="" type="checkbox"/> IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-PF
<input type="checkbox"/> All required schedules (including Schedule B)	<input checked="" type="checkbox"/> All required schedules (including Schedule B)	<input type="checkbox"/> All required schedules (including Schedule B)
<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T

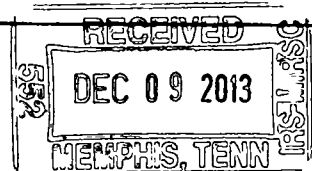
Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

Audit Report (total support & revenue more than \$250,000)

Review Report (total support & revenue \$100,001 to \$250,000)

No Accountant's Report Required (total support & revenue not more than \$100,000)



OL #35

EXTENSION ATTACHED

of

<b>Form CHAR500</b> This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	<b>Annual Filing for Charitable Organizations</b> New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 <a href="http://www.charitiesnys.com">http://www.charitiesnys.com</a>	<b>Open to Public Inspection</b>
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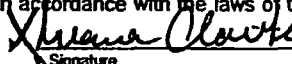

**1. General Information**

a. For the fiscal year beginning (mm/dd/yyyy) 07/01 / 2011 and ending (mm/dd/yyyy) 06/30/2012

<b>b. Check if applicable for NYS:</b> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	<b>c. Name of organization</b> <b>MY TIME, INC.</b>  <b>Number and street (or P.O. box if mail is not delivered to street address)</b> <b>1312 E 84TH STREET</b> <b>City or town, state or country and zip + 4</b> <b>BROOKLYN, NY 11236</b>	<b>d. Fed. employer ID no. (EIN) (##-####-##)</b> <b>68-0646329</b> <b>e. NY State registration no. (##-##-##)</b> <b>40-47-80</b> <b>f. Telephone number</b> <b>718-251-0527</b> <b>g. Email</b> <b>INFO@MYTIMEINC.OR</b> <b>G</b>
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**2. Certification - Two Signatures Required**

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

<b>a. President or Authorized Officer</b>	 Signature	<b>LUCINA CLARKE</b> Printed Name	<b>EXECUTIVE DIREC</b> Title	<b>7/15/13</b> Date
<b>b. Chief Financial Officer or Treasurer</b>	 Signature	<b>SHARON MORRISON</b> Printed Name	<b>TREASURER</b> Title	<b>7/15/13</b> Date

**3. Annual Report Exemption Information**

a. **Article 7-A annual report exemption (Article 7-A registrants and dual registrants)**  
 Check  if total contributions from NY State (including residents, foundations, corporations, government agencies, etc ) did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.  
 NOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) it received an allocation from a federated fund, United Way or Incorporated community appeal and contributions from all sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.

b. **EPTL annual report exemption (EPTL registrants and dual registrants)**  
 Check  if gross receipts did not exceed \$25,000 and the assets (market value) did not exceed \$25,000 at any time during this fiscal year.

For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.

*Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.*

**4. Article 7-A Schedules**

If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State?..... Yes\*  No  
 \* If "Yes", complete Schedule 4a.

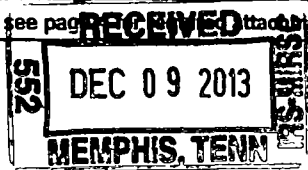
b. Did the organization receive government contributions (grants)?..... Yes\*  No  
 \* If "Yes", complete Schedule 4b.

**5. Fee Submitted: See last page for summary of fee requirements.**

Indicate the filing fee(s) you are submitting along with this form:

a. Article 7-A filing fee.....	\$ 10.	Submit only one check or money order for the total fee, payable to "NYS Department of Law"
b. EPTL filing fee.....	\$ 25.	
c. Total fee.....	\$ 35.	

**6. Attachments:** For organizations that are not claiming annual report exemptions under both laws, see page [ ] Attachments



If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box.

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	MY TIME, INC.	<input checked="" type="checkbox"/> 68-0646329
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.	
	PASTERNAK & COMPANY LLP 10 CUTTER MILL ROAD, SUITE 204	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	GREAT NECK, NY 11021	

Enter the Return code for the return that this application is for (file a separate :

Application Is For	Return Code	App Is For
Form 990	01	<input checked="" type="checkbox"/>
Form 990-BL	02	Form
Form 990-EZ	01	Form
Form 990-PF	04	Form
Form 990-T (section 401(a) or 408(a) trust)	05	Form
Form 990-T (trust other than above)	06	Form

STOP! Do not complete Part II if you were not already granted an automatic 3-m

The books are in care of **LUCINA CLARKE**

Telephone No. **718-251-0527** FAX No.

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exempt whole group, check this box. . If it is for part of the group, check this box members the extension is for.

- I request an additional 3-month extension of time until 5/15, 20 13.
- For calendar year \_\_\_\_\_, or other tax year beginning 7/01, 20 11, and ending 6/30, 20 12.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension... TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **J. Pasternak** Title **COPY** Date **2/15/13**  
 BAA FFD502L 07/29/11 Form 8868 (Rev 1-2012)

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information, visit our website at www.usps.com

**OFFICIAL USE**

Postage \$ 66  
 Certified Fee 3.10  
 Return Receipt Fee (Endorsement Required) 2.55  
 Restricted Delivery Fee (Endorsement Required)   
 Total Postage & Fees \$ 6.31

1949 49EB 0000 0822 0102

SENT TO **IRS**  
 Street, Apt. No., or PO Box No. **Ogden Utah 84201**  
 City, State, Zip **UTAH**

PS Form 3800 August 2008 See Reverse for Instructions

GREAT NECK NY 11022  
 FEB 15 2013  
 EINHAB

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

✓ If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box  **X**

● If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. <b>MY TIME, INC.</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>68-0646329</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>1312 E 84TH STREET</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BROOKLYN, NY 11236</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)  **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ► LUCINA CLARKE

Telephone No. ► 718-251-0527 FAX No. ► \_\_\_\_\_

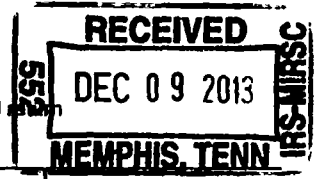
● If the organization does not have an office or place of business in the United States, check this box

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20 \_\_\_\_ or  
 ►  tax year beginning 7/01, 20 11, and ending 6/30, 20 12.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period



3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
3b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

CLIENT MYT01

MY TIME, INC.

68-0646329

7/08/13

03:55PM

FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES

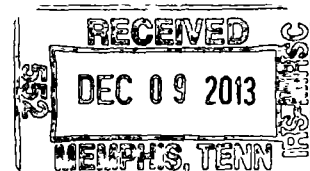
ADMINISTRATIVE EXPENSES.....	\$	4,672.
ADVERTISING AND PROMOTION.....		2,710.
BANK CHARGES.....		700.
COMPUTER EXPENSE.....		722.
DUES & SUBSCRIPTIONS.....		2,152.
FOOD.....		1,727.
FUNDRAISING EXPENSES.....		9,252.
INSURANCE.....		3,624.
LICENSES & FEES.....		70.
OFFICE EXPENSES.....		2,882.
PAYROLL PROCESSING.....		1,364.
SUPPLIES.....		10,386.
TELEPHONE.....		865.
TRAVEL.....		4,573.
WORKSHOPS AND EVENTS.....		9,299.
<b>TOTAL</b>	<b>\$</b>	<b>54,998.</b>

FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
PLEDGES AND GRANTS RECEIVABLE.....	\$ 33,899.	\$ 14,300.
<b>TOTAL</b>	<b>\$ 33,899.</b>	<b>\$ 14,300.</b>

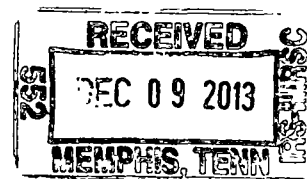
FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 13,782.	\$ 5,725.
PAYABLE TO OFFICERS, DIRECTORS, ETC.....	6,456.	6,456.
<b>TOTAL</b>	<b>\$ 20,238.</b>	<b>\$ 12,181.</b>



MY TIME, INC.  
INDEX TO FINANCIAL STATEMENTS

	<u>PAGE</u>
INDEPENDENT ACCOUNTANT'S REVIEW REPORT	1
STATEMENT OF NET ASSETS	2
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS	3
STATEMENT OF CASH FLOWS	4
STATEMENT OF FUNCTIONAL EXPENDITURES	5
NOTES TO FINANCIAL STATEMENTS	6-7



**PASTERNAK & COMPANY, LLP**

CERTIFIED PUBLIC ACCOUNTANTS

10 CUTTER MILL ROAD • SUITE 204

GREAT NECK, N.Y. 11021

(516) 829-6767 • FAX (516) 829-2828

JAN S. PASTERNAK, CPA  
BERNARD SPEAR, CPA

Board of Directors  
My Time, Inc.  
Brooklyn, NY 11236

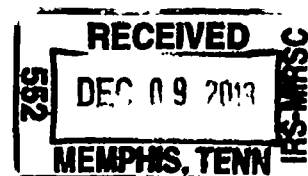
We have reviewed the accompanying statement of net assets of My Time, Inc. (a New York Not-For Profit corporation) as of June 30, 2012 and the related statements of activities and changes in net assets and cash flows for the year then ended, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. All information included in these financial statements is the representation of the management of My Time, Inc.

A review consists principally of inquires of Organization personnel and analytical procedures applied to financial data. It is substantially less in scope than an examination in accordance with generally accepted auditing standards, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly, we do not express such an opinion.

Based on our review, we are not aware of any material modifications that should be made to the financial statements in order for them to be in conformity with generally accepted accounting principles.

*Pasternack Company LLP*  
Certified Public Accountants

Great Neck, NY  
June 1, 2013



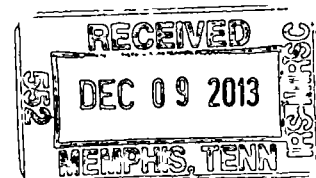
**MY TIME, INC.**  
**STATEMENT OF NET ASSETS**  
**JUNE 30, 2012**

**ASSETS**

Cash	\$ 14,092
Grants receivable	14,300
<b>TOTAL ASSETS</b>	<b><u>\$ 28,392</u></b>

**LIABILITIES AND NET ASSETS**

<b>Liabilities</b>	
Accrued expenses	\$ 5,725
Loan payable	6,456
<b>Total liabilities</b>	<b><u>12,181</u></b>
<b>Net assets</b>	
Net unrestricted assets	16,211
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b><u>\$ 28,392</u></b>



See accompanying notes to financial statements.

**MY TIME, INC.**  
**STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS**  
**FOR THE YEAR ENDED JUNE 30, 2012**

**Unrestricted Funds:**

**Revenue**

Contributions and grants	\$ 131,596
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**Expenditures**

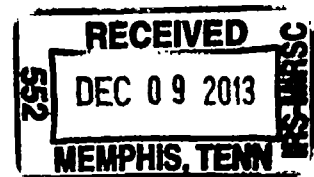
Program	90,065
Management & general	35,977
Fundraising	9,794

Total expenditures	135,836
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Decrease in net assets	(4,240)
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Net assets- July 1, 2011	20,451
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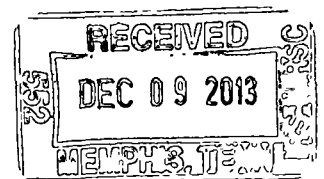
Net assets- June 30, 2012	\$ 16,211
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See accompanying notes to financial statements.

**MY TIME, INC.**  
**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED JUNE 30, 2012**

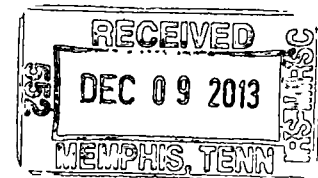
<b>Cash flows from operating activities:</b>	
Decrease in net assets:	
Unrestricted funds	\$ (4,240)
Total	<u>(4,240)</u>
Adjustments to reconcile net assets to net cash provided by operating activities:	
Decrease in grants receivable	19,599
Decrease in accrued expenses	<u>(8,057)</u>
Net cash provided by operating activities	<u>7,302</u>
Net increase in cash and equivalents	7,302
Cash and equivalents, July 1, 2011	<u>6,790</u>
Cash and cash equivalents, June 30, 2012	<u>\$ 14,092</u>



See accompanying notes to financial statements.

**MY TIME, INC.**  
**SUPPORTING SCHEDULE OF EXPENDITURES**  
**FOR THE YEAR ENDED JUNE 30, 2012**

	Program	Management and General	Fund Raising	Total
Salaries and benefits	\$ 50,151	\$ 16,420	\$ -	\$ 66,571
Workshops	9,299	-	-	9,299
Supplies	10,386	-	-	10,386
Office expenses	1,582	1,300	-	2,882
Advertising and promotion	2,168	-	542	2,710
Travel and transportation	3,430	1,143	-	4,573
Professional fees	2,780	2,779	-	5,559
Occupancy	-	8,708	-	8,708
Telephone	807	58	-	865
Insurance	3,262	362	-	3,624
Fundraising expense	-	-	9,252	9,252
Miscellaneous	6,200	5,207	-	11,407
<b>Total</b>	<b>\$ 90,065</b>	<b>\$ 35,977</b>	<b>\$ 9,794</b>	<b>\$ 135,836</b>



See accompanying notes to financial statements.

**MY TIME, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2012**

**I. ORGANIZATION**

- A. The Organization's mission is to support, empower, educate, enlighten and uplift families of a child diagnosed with autism and developmental disabilities to live a quality of life they deserve in their community. The Organization will provide an environment that encourages parents to meet and share ideas or take a needed break from their daily routines and stresses.
- B. The Organization is exempt from tax under the New York Not -for-Profit Law and Sec. 501c(3) of the Internal Revenue Code.

**II. SIGNIFICANT ACCOUNTING POLICIES:**

The financial statements have been prepared on the accrual basis of accounting. Under this method, revenue is recognized when earned and expenses are recognized when incurred. Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards (SFAS No. 117), *Financial Statements of Not-for-Profit Organizations*. Under SFAS No. 117, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. The Organization does not presently have any permanently restricted net assets. The following is a summary of the significant accounting policies:

**A. Funds:**

**1. Unrestricted assets:**

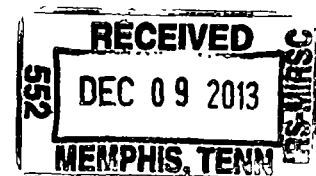
Administers all unrestricted operations and assets.

**2. Temporarily restricted assets:**

When the organization receives grants extending beyond the current fiscal year, subsequent periods' grants are reported separately.

**B. Pledges:**

Unconditional promises to give are recognized as revenues or gains in the period received and as assets, decrease of liabilities, or expenses depending on the form of the benefits received. Receivables payable in future years are reflected at present, discounted value if they extend beyond one year. Conditional promises to give are recognized when the conditions on which they depend are substantially met.



**MY TIME, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2012**

**C. Donated Services:**

If received, the Organization recognizes donated "in-kind" services, which create or enhance non-financial assets or that require specialized skills and would typically need to be purchased if not provided by donation.

**D. Estimates:**

The preparation of financial statements and the accompanying notes thereto, in conformity with generally accepted accounting principles, requires management to make estimates and assumptions that affect amounts reported in the financial statements. Actual results could differ from those estimates.

**E. Credit Risk**

The Organization maintains a significant portion of its cash and cash equivalents with a single financial institution.

**F. Minimum Rental Commitments:**

There are no long term rental commitments.

**G. Allocation of expenses**

Expenses are allocated to the programs based on statistics and other methods depending on the nature of the expense.

**H. Uncertain tax positions**

Management has evaluated the Organization's tax positions and concluded that the Organization has not taken any uncertain tax positions that require adjustment to the financial statements to comply with the provisions of Accounting Standards Codification 740.

**I. Evaluation of subsequent events**

Management has evaluated subsequent events for inclusion or disclosure in the financial statements from June 30, 2012 through June 1, 2013, which is the date the financial statements were available to be issued. No events or transactions were identified during this period that required disclosure or recognition.

